

## **APPENDIX B**

### DISCRIMINATION COMPLAINT FORM

## Complaint of Discrimination

Filed Under The Ninth Circuit Model Equal Employment Opportunity Plan  
and Complaint Procedures or Other Plan Approved by the Ninth Circuit Judicial Council

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Prior to completing this form, please refer to the Equal Employment Opportunity Plan and the Discrimination Complaint Procedures under which this complaint is being filed. If necessary, consult with the appropriate EEO Coordinator for clarification. Please complete this form legibly.

1. Full Name of Person Filing Complaint\_\_\_\_\_

2. Mailing Address\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Home Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

4. If you are a court employee, state the following:

Court Unit in which employed\_\_\_\_\_

Job Title\_\_\_\_\_

5. Type of alleged discrimination (check and identify all that you believe apply)

\_\_\_\_Race\_\_\_\_\_

\_\_\_\_National Origin\_\_\_\_\_

\_\_\_\_Gender\_\_\_\_\_

\_\_\_\_Religion\_\_\_\_\_

\_\_\_\_Age\_\_\_\_\_

\_\_\_\_Disability\_\_\_\_\_

\_\_\_\_Sexual Orientation\_\_\_\_\_

6. Date(s) of alleged discrimination\_\_\_\_\_

7. Identify by name and position the official(s) you believe discriminated against you.

\_\_\_\_\_  
\_\_\_\_\_

8. Have you attempted to resolve this matter through the informal complaint procedure established under the EEO Plan and Complaint Procedures?    **G** Yes   **G** No

9. Please summarize the actions or occurrences giving rise to your complaint. Explain how you believe you were discriminated against (i.e., treated differently from other employees or applicants because of your race, national origin, gender, etc.). If there is insufficient space below, you may attach additional pages.

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[Please attach a copy of any documents that relate to your complaint, such as an application form, resume, letters, notices of discipline or termination, etc..]

10. What corrective action do you seek from your complaint?

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11. Do you have an attorney or any other person who will represent you in this matter? **G** Yes **G** No

If yes, please provide the following information concerning that person:

Name 

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Address 

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Work Phone( 

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 ) Fax( 

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I affirm that the information provided in this complaint is true and correct to the best of my knowledge.

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Signature

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Date